

# CLINICAL CHILD & ADOLESCENT HEALTH CENTER GRANT APPLICATION CRITERIA SCORE SHEET

## 1. REQUIRED ELEMENTS – EACH PROPOSAL MUST INCLUDE THE FOLLOWING REQUIRED ELEMENTS.

### PART A- APPLICATION COVER SHEET AND APPLICATION

- ☐ Funding strategy identified: clinical
- ☐ Service/target area Identified: \_\_\_\_\_
- ☐ Target Population Identified: Children ages 5-10, Youth 10-21 or both
- ☐ Location of Clinic: School Based or School-Linked

REQUIRED \_\_\_\_\_ (✓)

### PART B- ASSURANCES AND CERTIFICATIONS

- ☐ Original signatures must be on page 1, 1a, and 1b on the application for state and specific program assurances and certifications. Rubber stamps and copies are unacceptable.
- ☐ The cover letter includes assurances that family planning drugs and/or devices will not be prescribed, dispensed or distributed on school property (if school based health center) and also provides assurances that abortion counseling, services, and referrals will not occur as part of services offered (applicable to both school based and school linked health centers).

REQUIRED \_\_\_\_\_ (✓)

REQUIRED \_\_\_\_\_ (✓)

### PART C- GRANT PROGRAM DETAILS

#### COMMUNITY COLLABORATION

- ☐ A letter of support from the local health department is required for consideration of this proposal.
- ☐ A letter of need documenting the lack of services in the selected service/target area from the local multi-purpose collaborative body is required for consideration of this proposal.

REQUIRED \_\_\_\_\_ (✓)

#### SERVICE/WORK PLAN

- ☐ Services proposed to be provided should be fully and clearly described for the period of October 1, 2005 through September 30, 2006.
- ☐ If the applicant is proposing to provide services **ON SCHOOL PROPERTY**, written approval by the school administration and the local school board must be included for the following: (1) location, (2) administration of the health survey to students enrolled in the school, (3) parental consent policy, (4) services rendered at the center.

REQUIRED \_\_\_\_\_ (✓)

REQUIRED \_\_\_\_\_ (✓)

#### FINANCIAL PLAN

- ☐ A minimum local match of 30% is required and can be reached either through cash contributions or in-kind resources.
- ☐ A line item budget is provided for the grant year and includes both in-kind and hard match resources.

REQUIRED \_\_\_\_\_ (✓)

REQUIRED \_\_\_\_\_ (✓)

PART C- GRANT PROGRAM DETAILS 2. PROJECT ABSTRACT/SUMMARY			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 2a. The project abstract/summary is <u>3 or less</u> single-spaced pages in length. (2 points)	N/A	<input type="checkbox"/> The project abstract/summary is <u>more than three</u> single-spaced pages in length or there is no project abstract/summary provided. (0 points)	_____ / 2
<input type="checkbox"/> 2b. There is a <u>clear</u> summary of the proposal and includes all six of the following areas (8 points): _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted	<input type="checkbox"/> There is a <u>somewhat clear</u> summary of the proposal and includes 4-5 of the following areas (2-6 points): _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted	<input type="checkbox"/> There is <u>no</u> summary of the proposal or the summary includes 3 or less of the following areas (0 points): _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted	_____ / 8
<b>COMMENTS:</b>          			_____ / 10

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3a. Provides a <u>clear</u> map of the proposed service area. (2 pts)	N/A	<input type="checkbox"/> No map is provided of the proposed service area. (0 pts)	_____ / 2
<input type="checkbox"/> 3b. Provides descriptive and demographic information of the service area for all six of the following: (6 points) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ Designation as an AYP School (school based) or target population comes from AYP School(s) (community based) _____ description of other unusual factors affecting the need for the proposed services	<input type="checkbox"/> Provides descriptive and demographic information of the service area for 3-5 of the following: (1-3 points) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ Designation as an AYP School (school based) or target population comes from AYP School (community based) _____ description of other unusual factors affecting the need for the proposed services	<input type="checkbox"/> Provides descriptive and demographic information of the service area for 2 or less of the following: (0 points) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ Designation as an AYP School (school based) or target population comes from AYP School(s) (community based) _____ description of other unusual factors affecting the need for the proposed services	_____ / 20
<input type="checkbox"/> 3c. The need for services is <u>clearly</u> evident. (14 points)	<input type="checkbox"/> There is <u>limited</u> evidence of the need for services. (3-10 points)	<input type="checkbox"/> There is <u>little or no</u> evidence of the need for services. (0 points)	
<input type="checkbox"/> 3d. The characteristics of the target population are <u>clearly</u> described, including (5 points): _____ size _____ age (5-10, 10-21, both) _____ economic status (including the number of youth receiving free or reduced lunch) _____ sex and racial makeup _____ health status and level of risk-taking behaviors	<input type="checkbox"/> There is a <u>limited</u> description of the characteristics of the target population, including (1-3 points): _____ size _____ age (5-10, 10-21, or both) _____ economic status (including the number of youth receiving free or reduced lunch) _____ sex and racial makeup _____ health status and level of risk-taking behaviors	<input type="checkbox"/> The characteristics of the target population are <u>not</u> described. (0 points)  <input type="checkbox"/> There is <u>little or no</u> evidence of high need and risk taking behaviors of the target population. (0 points)	_____ / 17  (Continued on next page)
<input type="checkbox"/> 3e. There is <u>clear</u> evidence of high need and risk taking behaviors of the target population. (12 points)	<input type="checkbox"/> There is <u>limited</u> evidence of high need and risk taking behaviors of the target population. (3-8 points)		

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS  (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3f. Results of a health survey conducted in the previous three years (to assess the target population's health needs) are <u>included</u> (3 points). <input type="checkbox"/> 3g. The results <u>clearly</u> support the need for services (10 pts)	N/A  <input type="checkbox"/> The results <u>somewhat</u> support the need for services. (3-7 pts)	<input type="checkbox"/> Results of a health survey conducted in the previous three years (to assess the target population's health needs) are <u>not</u> included (0 points). <input type="checkbox"/> The results <u>do not</u> support the need for services. (0 pts)	_____ / 13
<input type="checkbox"/> 3h. Provides three current letters (3 pts) <input type="checkbox"/> 3i. Letters <u>clearly</u> document the lack of services (5 pts). <i>(If the letters also include supportive statements they will contribute to #5 Community Collaboration.)</i>	<input type="checkbox"/> Provides 1-2 current letters (1-2 points) <input type="checkbox"/> Letters provide <u>limited</u> documentation on the lack of services (1-3 pts). <i>(If the letters also include supportive statements they will contribute to #5 Community Collaboration.)</i>	<input type="checkbox"/> Provides no current letters (0 pts) <input type="checkbox"/> Letters do <u>not</u> document the lack of services (0 pts). <i>(If the letters also include supportive statements they will contribute to #5 Community Collaboration.)</i>	_____ / 8
COMMENTS:			_____ / 60

PART C- GRANT PROGRAM DETAILS 4. COMMUNITY EXPERIENCE			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 4a. Provides <u>clear</u> evidence of the community's historical commitment to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population. (10 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the community's historical commitment to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population. (3-7 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the community's historical commitment to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population. (0 pts)	_____ / 10
<input type="checkbox"/> 4b. Provides <u>clear</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (15 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (2-10 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (0 pts)	_____ / 15
<input type="checkbox"/> 4c. Provides a <u>clear</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (5 pts)	<input type="checkbox"/> Provides a <u>limited</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (2-4 pts)	<input type="checkbox"/> Provides <u>little or no</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (0 pts)	_____ / 5
<b>COMMENTS:</b>			_____ / 30

PART C- GRANT PROGRAM DETAILS 5. COMMUNITY COLLABORATION AND SUPPORT			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 5a. Provides <u>clear</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (10 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (0 pts)	_____ / 10
<input type="checkbox"/> 5b. Provides a <u>complete</u> listing of collaborative and referral arrangements, which will be utilized for the proposed programming. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed program will interact with organizations without duplicating efforts. (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> listing of collaborative and referral arrangements, which will be utilized for the proposed programming. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed program will interact with organizations without duplicating efforts. (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> list of collaborative and referral arrangements, which will be utilized for the proposed programming. Does <u>not</u> include other programs that provide similar or related services to the target population and does <u>not</u> address how the proposed program will interact with organizations without duplicating efforts. (0 pts)	_____ / 10
<input type="checkbox"/> 5c. Provides a <u>minimum</u> of five letters of endorsement for the proposal, which indicates that the program will meet the described needs. (5 pts)	N/A	<input type="checkbox"/> Provides <u>less than 5</u> letters of endorsement for the proposal, which indicates that the program will meet the described needs. (0 pts)	_____ / 5
<input type="checkbox"/> 5d. Provides <u>clear</u> evidence of the involvement of local agencies or community members in the proposed program. (5 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the involvement of local agencies or community members in the proposed program. (1-3 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the involvement of local agencies or community members in the proposed program. (0 pts)	_____ / 5
COMMENTS:			_____ / 30



PART C- GRANT PROGRAM DETAILS 7. ORGANIZATIONAL STRUCTURE			TOTAL 25 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 7a. Provides a <u>clear</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (4 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (1-3 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (0 pts)	_____ / 4
<input type="checkbox"/> 7b. An organizational chart is included as an attachment depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel. (3 pts)	<input type="checkbox"/> An organizational chart is included as an attachment <u>partially</u> depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel. (1-2 pts)	<input type="checkbox"/> No organizational chart is included in the attachments. (0 pts)	_____ / 3
<input type="checkbox"/> 7c. Provides a <u>complete</u> description of the number of staff and/or volunteers who will provide the proposed services. (2 pts) <input type="checkbox"/> 7d. Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (4 pts) <input type="checkbox"/> 7e. The necessary skills and qualifications <u>are appropriate</u> to the model/services being provided. <b>NOTE:</b> Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week. Elementary centers only must also be staffed with a .5 FTE licensed counselor and/or certified Social Worker. (7 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the number of staff and/or volunteers who will provide the proposed services. (.5-1.5 pts) <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (1-3 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the model/services being provided. <b>NOTE:</b> Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week. Elementary centers only must also be staffed with a .5 FTE licensed counselor and/or certified Social Worker. (2-5 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the number of staff and/or volunteers who will provide the proposed services. (0 pts) <input type="checkbox"/> Includes <u>little or no</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (0 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the model/services being provided. <b>NOTE:</b> Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week. Elementary centers only must also be staffed with a .5 FTE licensed counselor and/or certified Social Worker. (0 pts)	_____ / 13
<input type="checkbox"/> 7f. The description of how program coordination will occur is <u>appropriate</u> to accomplish proposed programming. (5 pts)	<input type="checkbox"/> The description of how program coordination will occur is <u>somewhat appropriate</u> to accomplish proposed programming. (1-4 pts)	<input type="checkbox"/> The description of how program coordination will occur is <u>not appropriate</u> to accomplish proposed programming. (0 pts)	_____ / 5
COMMENTS:			_____ / 25



PART C- GRANT PROGRAM DETAILS			TOTAL 50 POINTS
8. SERVICE PLAN NARRATIVE			
CAREFULLY REVIEW THE MINIMUM PROGRAM REQUIREMENTS INCLUDED IN ATTACHMENT C			
<p><b>FOR CLINICAL TEEN HEALTH CENTERS:</b></p> <p><input type="checkbox"/> 8d. Provides a <u>detailed</u> plan of how the following will be included/provided by the applicant: (8 pts)</p> <p>____ description of services provided</p> <p>____ description of case finding system</p> <p>____ description of the referral system</p> <p>____ hours of operation and arrangements for after-hours coverage</p> <p>____ number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed and served)</p> <p>____ <i>Number of Users Proposed</i></p> <p>____ where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of an interagency agreement between the sponsoring agency and the local school district must be included with the proposal, which defines roles and responsibilities)</p> <p>____ layout of clinic space including dimensions, handicap accessibility, and how services will be provided in a confidential matter, including records</p> <p>____ plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens and laboratory guidelines</p> <p><input type="checkbox"/> 8e. There is <u>strong</u> evidence that the service plan will likely result in effective programming for the needs of the target population. (12 pts)</p>	<p><b>FOR CLINICAL TEEN HEALTH CENTERS:</b></p> <p><input type="checkbox"/> Provides a <u>limited</u> plan of how the following will be included/provided by the applicant: (2-6 pts)</p> <p>____ description of services provided</p> <p>____ description of case finding system</p> <p>____ description of the referral system</p> <p>____ hours of operation and arrangements for after-hours coverage</p> <p>____ number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed and served)</p> <p>____ <i>Number of Users Proposed</i></p> <p>____ where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of an interagency agreement between the sponsoring agency and the local school district must be included with the proposal, which defines roles and responsibilities)</p> <p>____ layout of clinic space including dimensions, handicap accessibility, and how services will be provided in a confidential matter, including records</p> <p>____ plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens and laboratory guidelines</p> <p><input type="checkbox"/> There is <u>limited</u> evidence that the service plan will likely result in effective programming for the needs of the target population. (2-8 pts)</p>	<p><b>FOR CLINICAL TEEN HEALTH CENTERS:</b></p> <p><input type="checkbox"/> Provides <u>little or no</u> plan of how the following will be included/provided by the applicant: (0 pts)</p> <p>____ description of services provided</p> <p>____ description of case finding system</p> <p>____ description of the referral system</p> <p>____ hours of operation and arrangements for after-hours coverage</p> <p>____ number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed and served)</p> <p>____ <i>Number of Users Proposed</i></p> <p>____ where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of an interagency agreement between the sponsoring agency and the local school district must be included with the proposal, which defines roles and responsibilities)</p> <p>____ layout of clinic space including dimensions, handicap accessibility, and how services will be provided in a confidential matter, including records</p> <p>____ plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens and laboratory guidelines</p> <p><input type="checkbox"/> There is <u>little or no</u> evidence that the service plan will result in effective programming for the needs of the target population. (0 pts)</p>	<p>_____ / 20</p> <p>(CONTINUED ON NEXT PAGE)</p>

<b>PART C- GRANT PROGRAM DETAILS</b> <b>8. SERVICE/WORK PLAN CONTINUED</b> <b>CAREFULLY REVIEW THE MINIMUM PROGRAM REQUIREMENTS INCLUDED IN ATTACHMENT B</b>			<b>TOTAL</b> <b>50 POINTS</b> (CONTINUED FROM PREVIOUS PAGE)
<input type="checkbox"/> 8h. <u>Clearly</u> describes the plan for how quality services will be provided. (4 pts)  Plan must <u>includes all 3</u> of the following minimum components:  _____ Ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted.  _____ Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population.  _____ Conducting a client satisfaction survey/assessment periodically, but no less than once per year.	<input type="checkbox"/> Provides a <u>limited</u> description of the plan for how quality services will be provided. (1-3 pts)  Plan <u>includes 2 of the 3</u> minimum components:  _____ Ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted.  _____ Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population.  _____ Conducting a client satisfaction survey/assessment periodically, but no less than once per year.	<input type="checkbox"/> Provides <u>little or no</u> description for how quality services will be provided. (0 pts)  Plan <u>includes 1 of the 3</u> minimum components):  _____ Ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted.  _____ Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population.  _____ Conducting a client satisfaction survey/assessment periodically, but no less than once per year.	_____ / 4
<input type="checkbox"/> 8i. Provides a <u>detailed</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center including how eligible children and youth will be identified. (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center includes a limited plan for how eligible children and youth will be identified. (3-7 pts)	<input type="checkbox"/> Provides <u>little or no</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center and does not include how eligible children and youth will be identified. (0 pts)	_____ / 10  (CONTINUED ON NEXT PAGE)

<b>PART C- GRANT PROGRAM DETAILS</b> <b>8. SERVICE/WORK PLAN CONTINUED</b> <b>CAREFULLY REVIEW THE MINIMUM PROGRAM REQUIREMENTS INCLUDED IN ATTACHMENT B</b>			<b>TOTAL</b> <b>50 POINTS</b> (CONTINUED FROM PREVIOUS PAGE)
<input type="checkbox"/> 8j. For <b>adolescent health centers</b> , there is <u>clear</u> evidence that youth will be meaningfully involved in programming and services will be youth-friendly and acceptable to youth. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents <u>must be compelling</u> . (10 pts)	<input type="checkbox"/> For <b>adolescent health centers</b> , there is <u>limited</u> evidence that youth will be meaningfully involved in programming and that services will be youth-friendly and acceptable to youth. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will pose a barrier to care for adolescents is <u>limited</u> . (3-7 pts)	<input type="checkbox"/> For <b>adolescent health centers</b> , there is <u>little or no</u> evidence that youth will be meaningfully involved in programming and that services will be youth-friendly and acceptable to youth. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents is <u>weak</u> . (0 pts)	_____ / 10
<input type="checkbox"/> 8j. For <b>elementary health centers</b> , there is clear evidence that the health needs of children in the designated service area will be integrated into the centers service delivery plan and that parents will be meaningfully involved at the center. (10 points)	<input type="checkbox"/> For <b>elementary health centers</b> , there is <u>limited</u> evidence that the health needs of children in the designated service area will be integrated into the centers service delivery plan and limited evidence that parents will be meaningfully involved at the center. (2-8 pts)	<input type="checkbox"/> For <b>elementary health centers</b> , there is little or no evidence that the health needs of children in the designated service area will be integrated into the center's service delivery plan and little or no evidence that parents will be meaningfully involved at the center. (0 pts)	
<input type="checkbox"/> 8i. Description of a <u>strong</u> evaluation is included to determine effectiveness of programming. (6 pts)	<input type="checkbox"/> Description of a <u>weak</u> evaluation is included to determine effectiveness of programming. (2-4 pts)	<input type="checkbox"/> No evaluation description is included. (0 pts)	_____ / 6
<b>COMMENTS:</b>			_____ / 50

<b>Part C- GRANT PROGRAM DETAILS</b> <b>9. WORK PLAN</b> <b>THE WORKPLAN MUST FOLLOW THE REQUIRED FORMAT IN ATTACHMENT H</b>			<b>TOTAL</b> <b>25 POINTS</b>
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 9a. There is <u>at least 1 goal</u> with measurable objectives and activities that focuses on Medicaid outreach and enrollment and access to Medicaid preventive services. (3 pts)  <input type="checkbox"/> 9b. There are <u>at least two goals</u> with measurable objectives and activities that focus on the Mandatory Focus Areas (pg 31 of the application guidance) (6 pts) _____ Outreach to AYP School(s) _____ Pregnancy Prevention _____ Obesity Prevention/Nutrition and Physical Activity _____ HIV/AIDS _____ Tobacco Prevention/Cessation  <input type="checkbox"/> 9c. The overall program goal(s) and measurable, time-framed objectives and activities comprise a <u>complete</u> workplan. (8 pts)  <input type="checkbox"/> 9d. Objectives and activities <u>are relevant</u> and will <u>likely result</u> in effective programming, addressing the needs of the target population. (8 pts)	<p style="text-align: center;"><b>N/A</b></p> <input type="checkbox"/> There is <u>at least one</u> goal with measurable objectives and activities that focuses on the Mandatory Focus Areas (pg 31 of the application guidance). (3 pts) _____ Outreach to AYP School(s) _____ Pregnancy Prevention _____ Obesity Prevention/Nutrition and Physical Activity _____ HIV/AIDS _____ Tobacco Prevention/Cessation  <input type="checkbox"/> The overall program goal(s) and measurable, time-framed objectives and activities comprise an <u>incomplete</u> workplan. (2-5 pts)  <input type="checkbox"/> Objectives and activities are <u>somewhat</u> relevant and <u>may result</u> in effective programming, addressing the needs of the target population. (2-5 pts)	<input type="checkbox"/> There is <u>no goal</u> with measurable objectives and activities that focuses on Medicaid outreach and enrollment and access to Medicaid preventive services. (0 pts)  <input type="checkbox"/> There are <u>no goals</u> with measurable objectives and activities that focus on the Mandatory Focus Areas (pg 31 of the application guidance). (0 pts) _____ Outreach to AYP School(s) _____ Pregnancy Prevention _____ Obesity Prevention/Nutrition and Physical Activity _____ HIV/AIDS _____ Tobacco Prevention/Cessation  <input type="checkbox"/> No workplan is provided. (0 pts)  <input type="checkbox"/> Objectives and activities are <u>not</u> relevant and <u>may not</u> result in effective programming, addressing the needs of the target population. (0 pts)	_____ / 25
<b>COMMENTS:</b>          			_____ / 25

PART C- Grant Program Details			TOTAL 10 POINTS
10. MICHIGAN STATE BOARD OF EDUCATION GRANT STRATEGIC GOAL AND STRATEGIC INITIATIVES			
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>clear</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the proposal. (10 pts) <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensuring Excellent Educators</li> <li><input type="checkbox"/> Elevating Educational Leadership</li> <li><input type="checkbox"/> Embracing the Information Age</li> <li><input type="checkbox"/> Ensuring Childhood Literacy</li> <li><input type="checkbox"/> Integrating Communities and Schools</li> </ul>	<input type="checkbox"/> Provides a <u>limited</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the proposal. (3-7 pts) <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensuring Excellent Educators</li> <li><input type="checkbox"/> Elevating Educational Leadership</li> <li><input type="checkbox"/> Embracing the Information Age</li> <li><input type="checkbox"/> Ensuring Childhood Literacy</li> <li><input type="checkbox"/> Integrating Communities and Schools</li> </ul>	<input type="checkbox"/> Provides <u>no</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the proposal. (0 pts) <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensuring Excellent Educators</li> <li><input type="checkbox"/> Elevating Educational Leadership</li> <li><input type="checkbox"/> Embracing the Information Age</li> <li><input type="checkbox"/> Ensuring Childhood Literacy</li> <li><input type="checkbox"/> Integrating Communities and Schools</li> </ul>	_____ / 10
COMMENTS:			_____ / 10

<b>Part C- GRANT PROGRAM DETAILS</b> <b>11. FINANCIAL PLAN</b> A minimum local match of 30% is required; the match can be through cash contributions (hard match) or in-kind resources, such as donated space or time (soft-match)			<b>TOTAL 25 POINTS</b>
<b>FULL POINTS</b>	<b>PARTIAL POINTS</b>	<b>NO POINTS</b>	
<input type="checkbox"/> 11a. It is <u>likely</u> that the financial plan will achieve the proposed project but not be excessive. (5 pts) <input type="checkbox"/> 11b. Provides a <u>clear</u> description of all funding sources and the distribution of these funds. (3 pts) <input type="checkbox"/> 11c. It is <u>clear</u> that this funding will not be used to supplant existing funding. (3 pts)	<input type="checkbox"/> It is <u>somewhat</u> likely that the financial plan will achieve the proposed project but not be excessive. (1-3 pts) <input type="checkbox"/> Provides a <u>limited</u> description of all funding sources and the distribution of these funds. (1-2 points) <input type="checkbox"/> It is <u>somewhat</u> clear that funding will not be used to supplant existing funding. (1-2 pts)	<input type="checkbox"/> It is <u>unlikely</u> that the financial plan will achieve the proposed project and the plan is excessive. (0 pts) <input type="checkbox"/> Provides <u>no</u> description of funding sources and the distribution of these funds. (0 pts) <input type="checkbox"/> It is <u>unclear</u> whether this funding will be used to supplant current funding. (0 pts)	_____ / 11
<input type="checkbox"/> 11d. Provides a <u>clear</u> description of the fee schedule, how it will be applied, and how the fee collection process will protect client confidentiality (if adolescents are proposed to be served). (2 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the fee schedule, how it will be applied, and how the fee collection process will protect client confidentiality (if adolescents are proposed to be served). (.5-1.5 pts)	<input type="checkbox"/> Provides <u>no</u> description of the fee schedule, how it will be applied, and how the fee collection process will protect client confidentiality (if adolescents are proposed to be served). (0 pts)	_____ / 2
<input type="checkbox"/> 11e. Provides a <u>clear</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and how this process will protect client confidentiality (if adolescents are proposed to be served). (2 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and how this process will protect client confidentiality (if adolescents are proposed to be served). (.5-1.5 pts)	<input type="checkbox"/> Provides <u>no</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and how this process will protect client confidentiality (if adolescents are proposed to be served). (0 pts)	_____ / 2  <b>(Continued on next page)</b>



**Applicant Name:** \_\_\_\_\_

**Totals from All Sections:**

	<b>Total Points Possible</b>	<b>Total Points Awarded</b>
<b>Section 2: Project Abstract/Summary</b>	10	
<b>Section 3: Assessment of Need</b>	60	
<b>Section 4: Community Experience</b>	30	
<b>Section 5: Community Collaboration and Support</b>	30	
<b>Section 6: Advisory Committee Structure, Membership and Activity</b>	15	
<b>Section 7: Organizational Structure</b>	25	
<b>Section 8: Service Plan Narrative</b>	50	
<b>Section 9: Work Plan</b>	25	
<b>Section 10: Michigan Board of Education Grant Strategic Goal and Strategic Initiatives</b>	10	
<b>Section 11: Financial Plan</b>	25	
<b>Sub-Total</b>	<b>280</b>	
<b>Bonus Points:</b>		
Add 3 points if the applicant is proposing services in one of Michigan's "Cool Cities" (+3) Add 7 points if the applicant is proposing services in an AYP School (school based) or an AYP School district (school-linked) (+7)	10	
<b>Total Score for the Application (including bonus points)</b>	<b>290</b>	